

# Summer Weather Educator's Atmospheric Training workSHOP

## SWEAT SHOP APPLICATION

"Don't SWEAT the small stuff, and it's all small stuff" - Unknown

Name:	_____	Home Phone #:	_____
School:	_____	School Phone #:	_____
School Address:	_____		
Home Address:	_____		
E-mail Address:	_____		
Grades Certified to Teach:	<input type="text"/>	Current Teaching Assignment:	<input type="text"/>
Desired Mailing address:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	

Type of school (check all that apply):

Elementary School	<input type="checkbox"/>	Middle School	<input type="checkbox"/>	Junior High School	<input type="checkbox"/>	High School	<input type="checkbox"/>	Other	<input type="checkbox"/>
Inner City	<input type="checkbox"/>	Urban	<input type="checkbox"/>	Suburban	<input type="checkbox"/>	Rural	<input type="checkbox"/>		

Does your school have an INSITE / EWOCK automated weather station?

YES ☐ NO ☐

Does your school have an outdoor classroom? YES ☐ No ☐

Please indicate which of the following programs have you participated or been trained in?

(Check all that apply) Project Wild ☐ Project Wet ☐ Project Aquatic Wild ☐

Project Learning Tree ☐ Wonders of Wetlands ☐ Middle Level Science Academies ☐

Globe Program ☐ Other: \_\_\_\_\_

\_\_\_\_\_

List your weekly teaching/supervising schedule at the present time, including periods per week: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Courses you have had in the past that have included studying Meteorology:

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List any Professional Development you have had in the last 5 years that have included studying Meteorology:

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In 50 words or less please describe what you expect to gain from this workshop:

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“I certify that the information on this application is accurate and complete.”

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

“I recommend the above applicant for participation in the Summer Weather Educator’s Atmospheric Training workSHOP, will support his/her Travel, Room, and Board to the SWEAT SHOP summer workshop and 2 follow-up sessions, and will encourage his/her post SWEAT SHOP classroom activities.

\_\_\_\_\_  
*Principal* \_\_\_\_\_ *School*

\_\_\_\_\_  
*Date*